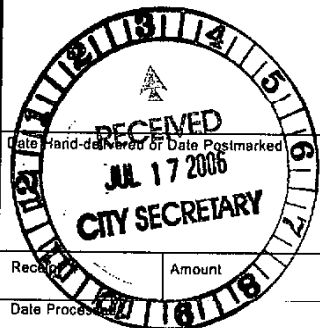


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)		2 Total pages filed: 45		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI		OFFICE USE ONLY 	
	NICKNAME	LAST	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;		ZIP CODE
<input type="checkbox"/> Change of Address	1802 West Main		Houston	TX		77098
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(713)	520-6756				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI		Date Received Date Hand-delivered or Date Postmarked Date Processed Date Imaged	
	NICKNAME	LAST	SUFFIX			
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;		ZIP CODE
	1033 Bayland Avenue, Unit 2		Houston	TX		77009
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(713)	863-9690				
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 9th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)					
10 PERIOD COVERED	Month	Day	Year	THROUGH	Month / Day / Year	
	1	1	2006		6 / 30 / 2006	
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)			
	Houston City Council, At-Large Position 2					
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **					
	Name					
	Address / PO Box; Apt. / Suite #; City; State; Zip Code					
<input type="checkbox"/> additional pages						
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Sue Lovell

16 ACCOUNT # (Ethics Commission filers)

**17 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

**18 CONTRIBUTION
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 63,709.99

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 60,878.89

**CONTRIBUTION
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

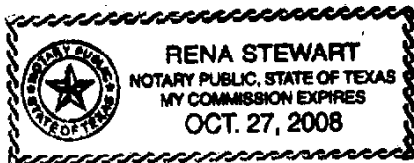
\$ 24,622.44

**OUTSTANDING
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Sue Lovell
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Sue Lovell, this the 17 day of July, 2006, to certify which, witness my hand and seal of office.

Rena Stewart
Signature of officer administering oath

Rena Stewart
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **22**

2 FILER NAME:

Sue Lovell

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/2/2006

5 Full Name of Contributor:

Eleanor Tinsley

☐ out of state PAC (ID# _____)

7 Amount of
contribution (\$):

\$100.00

8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

1/3/2006

5 Full Name of Contributor:

Joseph Allen

☐ out of state PAC (ID# _____)

7 Amount of
contribution (\$):

\$500.00

8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

1/3/2006

5 Full Name of Contributor:

John W. H. Chiang

☐ out of state PAC (ID# _____)

7 Amount of
contribution (\$):

\$1,000.00

8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

1/4/2006

5 Full Name of Contributor:

Edward Miller

☐ out of state PAC (ID# _____)

7 Amount of
contribution (\$):

\$1,000.00

8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

1/4/2006

5 Full Name of Contributor:

James R. Jard

☐ out of state PAC (ID# _____)

7 Amount of
contribution (\$):

\$1,000.00

8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **22**2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Commission filers)

4 Date: 1/5/2006	5 Full Name of Contributor: Edmond D. Wulfe	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): \$500.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]				
9 Principal occupation \ Job title (See Instructions)			10 Employer (See Instructions):	

4 Date: 1/6/2006	5 Full Name of Contributor: John S.W. Kellett	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): \$500.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]				
9 Principal occupation \ Job title (See Instructions)			10 Employer (See Instructions):	

4 Date: 1/9/2006	5 Full Name of Contributor: H. Prasad Kolluru PE	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]				
9 Principal occupation \ Job title (See Instructions)			10 Employer (See Instructions):	

4 Date: 1/9/2006	5 Full Name of Contributor: Centerpoint Energy PAC - Texas	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): \$2,000.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]				
9 Principal occupation \ Job title (See Instructions)			10 Employer (See Instructions):	

4 Date: 1/9/2006	5 Full Name of Contributor: Linebarger Goggan Blair, & Sampson, LLP	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): \$2,500.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]				
9 Principal occupation \ Job title (See Instructions)			10 Employer (See Instructions):	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **22**2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Commission filers)

4 Date
1/10/20065 Full Name of Contributor: ☐ out of state PAC (ID#
Houston Fire Fighters L-341 Political Action Fund7 Amount of
contribution (\$):
\$3,000.008 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
1/10/20065 Full Name of Contributor: ☐ out of state PAC (ID#
HAA Better Government Fund7 Amount of
contribution (\$):
\$3,000.008 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
1/10/20065 Full Name of Contributor: ☐ out of state PAC (ID#
C. Mike Garver7 Amount of
contribution (\$):
\$1,000.008 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
1/10/20065 Full Name of Contributor: ☐ out of state PAC (ID#
J. W. Hershey7 Amount of
contribution (\$):
\$500.008 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
1/11/20065 Full Name of Contributor: ☐ out of state PAC (ID#
Bracewell & Giuliani Committee7 Amount of
contribution (\$):
\$1,000.008 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **22**2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Commission filers)

4 Date 1/11/2006	5 Full Name of Contributor: AFSCME	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): \$1,870.99	8 In kind contribution description (if applicable): Mailing Services
6 Contributor Address: City, State, Zip Code [REDACTED]				
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):		

4 Date 1/12/2006	5 Full Name of Contributor: Arthur Louis Schechter	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): \$500.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]				
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):		

4 Date 1/13/2006	5 Full Name of Contributor: Continental Airlines Inc. Employee Fund for a Bett	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): \$2,500.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]				
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):		

4 Date 1/16/2006	5 Full Name of Contributor: IEC of Texas PAC Fund	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): \$250.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]				
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):		

4 Date 1/16/2006	5 Full Name of Contributor: Howard W. Horne Jr.	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): \$250.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]				
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):		

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **22**2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/16/2006

5 Full Name of Contributor:

Janiece M. Longoria☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$250.00**8 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

1/16/2006

5 Full Name of Contributor:

Suzanne Cardwell☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$250.00**8 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

1/17/2006

5 Full Name of Contributor:

Darryl B. Carter☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$250.00**8 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

1/17/2006

5 Full Name of Contributor:

John L. Guess☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$250.00**8 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

1/17/2006

5 Full Name of Contributor:

Zinetta A. Burney☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$250.00**8 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **22**2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/17/2006

5 Full Name of Contributor:

Joseph Trent Siff☐ out of state PAC (ID#)7 Amount of
contribution (\$):**\$500.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

1/17/2006

5 Full Name of Contributor:

Gerald Wayne Womack☐ out of state PAC (ID#)7 Amount of
contribution (\$):**\$250.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

1/17/2006

5 Full Name of Contributor:

Sheila M. Condon☐ out of state PAC (ID#)7 Amount of
contribution (\$):**\$150.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

1/17/2006

5 Full Name of Contributor:

Claudia F. Williamson☐ out of state PAC (ID#)7 Amount of
contribution (\$):**\$50.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

1/17/2006

5 Full Name of Contributor:

Jack Drake☐ out of state PAC (ID#)7 Amount of
contribution (\$):**\$500.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **22**

2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Commission filers)

4 Date
1/17/2006

5 Full Name of Contributor:
James C. Box

☐ out of state PAC (ID# _____)

7 Amount of
contribution (\$):
\$500.00

8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
1/17/2006

5 Full Name of Contributor:
Arthur Louis Schechter

☐ out of state PAC (ID# _____)

7 Amount of
contribution (\$):
\$694.00

8 In kind contribution
description (if applicable):
**fundraiser expenses
fundraiser expenses**

6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
1/17/2006

5 Full Name of Contributor:
Peter Hoyt Brown FAIA

☐ out of state PAC (ID# _____)

7 Amount of
contribution (\$):
\$150.00

8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
1/17/2006

5 Full Name of Contributor:
Gerald M. Brady

☐ out of state PAC (ID# _____)

7 Amount of
contribution (\$):
\$500.00

8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
1/17/2006

5 Full Name of Contributor:
Ramesh Gunda PE, PTOE

☐ out of state PAC (ID# _____)

7 Amount of
contribution (\$):
\$250.00

8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **22**2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Commission filers)

4 Date 1/17/2006	5 Full Name of Contributor: Outdoor PAC	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): \$250.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]				

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date 1/17/2006	5 Full Name of Contributor: Larry Berkman	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): \$500.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]				

9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions):

4 Date 1/17/2006	5 Full Name of Contributor: Allen Boone Humphries Robinson LLP	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]				

9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions):

4 Date 1/17/2006	5 Full Name of Contributor: Plumbers Local Union No. 68 PAC	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): \$2,500.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]				

9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions):

4 Date 1/17/2006	5 Full Name of Contributor: Patricia K. Joiner	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): \$500.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]				

9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **22**2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Commission filers)

4 Date 1/17/2006	5 Full Name of Contributor: Robert C. Lanier	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]				
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):		

4 Date 1/17/2006	5 Full Name of Contributor: Planned Parenthood of Hous. & SE TX Action Fnd	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]				
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):		

4 Date 1/18/2006	5 Full Name of Contributor: Greenberg Traurig PAC	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]				
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):		

4 Date 1/18/2006	5 Full Name of Contributor: Vinson & Elkins Texas Political Action Committee	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): \$2,000.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]				
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):		

4 Date 1/18/2006	5 Full Name of Contributor: Ellen Happe Phillips	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): \$500.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]				
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **22**2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/25/2006

5 Full Name of Contributor:

Hale & Associates P. C.☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$250.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

1/26/2006

5 Full Name of Contributor:

Virginia L. Mithoff☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$500.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

1/27/2006

5 Full Name of Contributor:

William E. King☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$694.00**8 In kind contribution
description (if applicable):**Event Expenses**

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

1/27/2006

5 Full Name of Contributor:

Percy P. Creuzot III☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$100.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

2/5/2006

5 Full Name of Contributor:

J. H. Jones II☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$500.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 22	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/16/2006	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Thomas J. Coleman Jr.	7 Amount of contribution (\$): \$300.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 3/1/2006	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Jeanette A. Rash	7 Amount of contribution (\$): \$250.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 3/1/2006	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Edwin C. Friedrichs PE	7 Amount of contribution (\$): \$250.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 3/1/2006	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Vijay N. Vijayvergiya PE	7 Amount of contribution (\$): \$500.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 3/1/2006	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Dennis W. Sander PE	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 22	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	

4 Date 3/1/2006	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Hou Con PAC	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 3/1/2006	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Houston Council of Engineering Companies PAC	7 Amount of contribution (\$): \$1,500.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 3/1/2006	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) TSC Fund	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 3/1/2006	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Mayer, Brown, Rowe & Maw, LLP	7 Amount of contribution (\$): \$250.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 3/4/2006	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Bradley Bailey	7 Amount of contribution (\$): \$500.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **22**2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Commission filers)

4 Date 3/8/2006	5 Full Name of Contributor: Jeff E. Ross Sr., PE <input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): \$500.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions):

4 Date 3/8/2006	5 Full Name of Contributor: Houston Associated General Contractors PAC <input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): \$500.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions):

4 Date 3/8/2006	5 Full Name of Contributor: Carter & Burgess P.A.C. <input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): \$250.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions):

4 Date 3/8/2006	5 Full Name of Contributor: Robert C. McNair <input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): \$500.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions):

4 Date 3/8/2006	5 Full Name of Contributor: Michele R. Fraga <input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions):

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **22**

2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/15/2006

5 Full Name of Contributor:

Suzanne K. Anderson

☐ out of state PAC (ID# _____)

7 Amount of
contribution (\$):

\$100.00

8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/15/2006

5 Full Name of Contributor:

James Robert Moriarty

☐ out of state PAC (ID# _____)

7 Amount of
contribution (\$):

\$1,000.00

8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/15/2006

5 Full Name of Contributor:

Varinder P. Bobby Singh

☐ out of state PAC (ID# _____)

7 Amount of
contribution (\$):

\$500.00

8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/15/2006

5 Full Name of Contributor:

Gilbert A. Garcia

☐ out of state PAC (ID# _____)

7 Amount of
contribution (\$):

\$100.00

8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/15/2006

5 Full Name of Contributor:

Andrews & Kurth Texas PAC

☐ out of state PAC (ID# _____)

7 Amount of
contribution (\$):

\$1,000.00

8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **22**2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/15/2006

5 Full Name of Contributor:

Edmond D. Wulfe☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$500.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/20/2006

5 Full Name of Contributor:

Joseph Trent Siff☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$100.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/21/2006

5 Full Name of Contributor:

George Bolatiwa☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$100.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/22/2006

5 Full Name of Contributor:

Zinetta A. Burney☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$250.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/23/2006

5 Full Name of Contributor:

Albert Luna III☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$500.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **22**2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Commission filers)

4 Date 3/23/2006	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Charles Douglas Gooden PE	7 Amount of contribution (\$): \$250.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions):

4 Date 3/23/2006	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) CDMPAC, Camp Dresser McKee	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions):

4 Date 3/23/2006	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Maxxam, Inc. Texas Political Action Committee	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions):

4 Date 3/23/2006	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Reliant Energy, Inc. PAC (REPAC)	7 Amount of contribution (\$): \$1,500.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions):

4 Date 3/23/2006	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Winstead Sechrest & Minick, P.C. PAC	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions):

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **22**

2 FILER NAME:

Sue Lovell

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/23/2006

5 Full Name of Contributor:

Morris Architects Civic Action Fund☐ out of state PAC (ID#)7 Amount of
contribution (\$):**\$250.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/23/2006

5 Full Name of Contributor:

Jay L. Moore Jr☐ out of state PAC (ID#)7 Amount of
contribution (\$):**\$250.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/23/2006

5 Full Name of Contributor:

Raymond K. Turner☐ out of state PAC (ID#)7 Amount of
contribution (\$):**\$1,000.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/23/2006

5 Full Name of Contributor:

Joel Randal Sprott☐ out of state PAC (ID#)7 Amount of
contribution (\$):**\$250.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/23/2006

5 Full Name of Contributor:

Peter Hoyt Brown FAIA☐ out of state PAC (ID#)7 Amount of
contribution (\$):**\$100.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **22**2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/23/2006

5 Full Name of Contributor:

Keith Clark☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$100.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/23/2006

5 Full Name of Contributor:

Welcome Wilson Jr.☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$100.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/23/2006

5 Full Name of Contributor:

Mirza Q.A. Baig☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$101.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/23/2006

5 Full Name of Contributor:

Robert L Zinn☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$100.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/23/2006

5 Full Name of Contributor:

Michael B. Good☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$100.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **22**

2 FILER NAME:

Sue Lovell

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/23/2006

5 Full Name of Contributor:

Steven L. Johnston☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$100.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/23/2006

5 Full Name of Contributor:

Edwin C. Friedrichs PE☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$250.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/23/2006

5 Full Name of Contributor:

Alice L. Aanstoos☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$100.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/23/2006

5 Full Name of Contributor:

Carmelo Mauro☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$250.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/23/2006

5 Full Name of Contributor:

Claudia F. Williamson☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$50.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **22**

2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/23/2006

5 Full Name of Contributor:

Pamela Jane Best

☐ out of state PAC (ID# _____)

7 Amount of
contribution (\$):

\$50.00

8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/23/2006

5 Full Name of Contributor:

Welcome W. Wilson Sr.

☐ out of state PAC (ID# _____)

7 Amount of
contribution (\$):

\$100.00

8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/23/2006

5 Full Name of Contributor:

Janiece M. Longoria

☐ out of state PAC (ID# _____)

7 Amount of
contribution (\$):

\$250.00

8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/29/2006

5 Full Name of Contributor:

Michael Angelo Massa

☐ out of state PAC (ID# _____)

7 Amount of
contribution (\$):

\$250.00

8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/29/2006

5 Full Name of Contributor:

John L. Nau III

☐ out of state PAC (ID# _____)

7 Amount of
contribution (\$):

\$500.00

8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **22**2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Commission filers)

4 Date
3/30/20065 Full Name of Contributor:
Gerald B. Smith☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):
\$250.008 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code


9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
3/31/20065 Full Name of Contributor:
PHCG Investments☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):
\$2,500.008 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code


9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
3/31/20065 Full Name of Contributor:
Turner Collie & Braden PAC☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):
\$500.008 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code



9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
3/31/20065 Full Name of Contributor:
Bob Borochoff☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):
\$250.008 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code


9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
3/31/20065 Full Name of Contributor:
Gerald E. Wilson☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):
\$100.008 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code


9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **22**2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/31/2006

5 Full Name of Contributor:

Kimberley Pipkin-Wilder☐ Out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$1,500.00**8 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

4/3/2006

5 Full Name of Contributor:

LAN-PAC☐ Out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$500.00**8 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

Schedule A1 Report Total:

\$63,709.99**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.**

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POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

Page 1

FILER NAME

Sue Lovell

ACCOUNT # (Ethics Commission filers)

Date 1/4/2006	Payee Name Verizon Wireless	Amount (\$) \$884.14
Payee address Post Office Box 660108 City: Dallas State: TX Zip Code 75266-0108		
Purpose of payment (See instructions regarding type of information required) Telephone		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 1/9/2006	Payee Name Sue Davis	Amount (\$) \$10,000.00
Payee address 4721 Hummingbird St. City: Houston State: TX Zip Code 77035		
Purpose of payment (See instructions regarding type of information required) Consulting		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 1/10/2006	Payee Name Kathryn C. McNiel	Amount (\$) \$5,000.00
Payee address P. O. Box 131835 City: Houston State: TX Zip Code 77219		
Purpose of payment (See instructions regarding type of information required) Consulting		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 1/12/2006	Payee Name Kathryn C. McNiel	Amount (\$) \$2,000.00
Payee address P. O. Box 131835 City: Houston State: TX Zip Code 77219		
Purpose of payment (See instructions regarding type of information required) Consulting		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

Page 2

FILER NAME

Sue Lovell

ACCOUNT # (Ethics Commission filers)

Date 1/12/2006	Payee Name Verizon Wireless	Amount (\$)		
	Payee address Post Office Box 660108	City; Dallas	State; TX	Zip Code 75266-0108
Purpose of payment (See instructions regarding type of information required) Telephone		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
Date 1/12/2006	Payee Name City of Houston	Amount (\$)		
	Payee address 900 Bagby	City; Houston	State; TX	Zip Code 77002
Purpose of payment (See instructions regarding type of information required) Photocopies		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
Date 1/17/2006	Payee Name Travis Sheive	Amount (\$)		
	Payee address 1135 Oxford	City; Houston	State; TX	Zip Code 77008
Purpose of payment (See instructions regarding type of information required) Contract work - Council office projects		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
Date 1/31/2006	Payee Name Bank of America	Amount (\$)		
	Payee address 1905 West Gray	City; Houston	State; TX	Zip Code 77005
Purpose of payment (See instructions regarding type of information required) Banking Charges		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

Page 3

FILER NAME

Sue Lovell

ACCOUNT # (Ethics Commission filers)

Date 2/8/2006	Payee Name Xpedx	Amount (\$)	
	Payee address 2201 Taylor	City; Houston	State; Zip Code TX 77007
Purpose of payment (See instructions regarding type of information required) Paper Supplies		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 2/8/2006	Payee Name Sorrento's Restaurant	Amount (\$)	
	Payee address 415 Westheimer Rd	City; Houston	State; Zip Code TX 77006
Purpose of payment (See instructions regarding type of information required) Event Expenses		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 2/8/2006	Payee Name Kathryn C. McNiel	Amount (\$)	
	Payee address P. O. Box 131835	City; Houston	State; Zip Code TX 77219
Purpose of payment (See instructions regarding type of information required) Consulting		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 2/8/2006	Payee Name Ying-Tsun Amy Lin	Amount (\$)	
	Payee address 7822 Twin Hills Drive	City; Houston	State; Zip Code TX 77071
Purpose of payment (See instructions regarding type of information required) Data Entry		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held	

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

Page 4

FILER NAME

Sue Lovell

ACCOUNT # (Ethics Commission filers)

Date 2/8/2006	Payee Name Verizon Wireless	Amount (\$) \$185.81
	Payee address City; State; Zip Code Post Office Box 660108 Dallas TX 75266-0108	
Purpose of payment (See instructions regarding type of information required) Telephone		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 2/8/2006	Payee Name Office Max	Amount (\$) \$68.52
	Payee address City; State; Zip Code Store #441, Suite A Houston TX 77043	
Purpose of payment (See instructions regarding type of information required) Office Supplies		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 2/9/2006	Payee Name Bank of America	Amount (\$) \$109.00
	Payee address City; State; Zip Code 1905 West Gray Houston TX 77005	
Purpose of payment (See instructions regarding type of information required) Checks		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 2/27/2006	Payee Name Dawn Dancy	Amount (\$) \$1,000.00
	Payee address City; State; Zip Code 1033 Bayland Avenue, Unit 2 Houston TX 77009	
Purpose of payment (See instructions regarding type of information required) Consulting		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

Page 5

FILER NAME

Sue Lovell

ACCOUNT # (Ethics Commission filers)

Date 2/28/2006	Payee Name Bank of America				Amount (\$) \$3.00
	Payee address 1905 West Gray	City; Houston	State; TX	Zip Code 77005	
Purpose of payment (See instructions regarding type of information required) Banking Charges			** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
Date 3/6/2006	Payee Name Office Max				Amount (\$) \$76.13
	Payee address Store #441, Suite A	City; Houston	State; TX	Zip Code 77043	
Purpose of payment (See instructions regarding type of information required) Office Supplies			** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
Date 3/6/2006	Payee Name Kathryn C. McNiel				Amount (\$) \$1,000.00
	Payee address P. O. Box 131835	City; Houston	State; TX	Zip Code 77219	
Purpose of payment (See instructions regarding type of information required) Consulting			** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
Date 3/6/2006	Payee Name US Postal Service				Amount (\$) \$83.70
	Payee address Julius Melcher Location	City; Houston	State; TX	Zip Code 77027	
Purpose of payment (See instructions regarding type of information required) Postage			** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

Page 6

FILER NAME

Sue Lovell

ACCOUNT # (Ethics Commission filers)

Date 3/8/2006	Payee Name Kathryn C. McNiel	City; State; Zip Code Houston TX 77219		Amount (\$) \$190.50
Purpose of payment (See instructions regarding type of information required) Event supplies		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
Date 3/8/2006	Payee Name Garnet Coleman Campaign	City; State; Zip Code Houston TX 77288		Amount (\$) \$1,000.00
Purpose of payment (See instructions regarding type of information required) Contribution		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
Date 3/14/2006	Payee Name Travis Sheive	City; State; Zip Code Houston TX 77008		Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required) Contract work		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
Date 3/15/2006	Payee Name InfoVine	City; State; Zip Code Houston TX 77252		Amount (\$) \$414.01
Purpose of payment (See instructions regarding type of information required) Postage & Mailhouse		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.		Total pages Schedule F	
FILER NAME		Page 7	
Sue Lovell		ACCOUNT # (Ethics Commission filers)	
Date 3/15/2006	Payee Name SBC	Amount (\$)	
Payee address 555 Main Street, Room 228-CR Beaumont		City; TX	Zip Code 77701
Purpose of payment (See instructions regarding type of information required) Telephone		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 3/15/2006	Payee Name Kathryn C. McNeil	Amount (\$)	
Payee address P. O. Box 131835		City; Houston	Zip Code TX 77219
Purpose of payment (See instructions regarding type of information required) Event Supplies		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 3/15/2006	Payee Name FedEx Kinko's	Amount (\$)	
Payee address 2200 SW Freeway		City; Houston	Zip Code TX 77098
Purpose of payment (See instructions regarding type of information required) Delivery		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 3/15/2006	Payee Name Ying-Tsun Amy Lin	Amount (\$)	
Payee address 7822 Twin Hills Drive		City; Houston	Zip Code TX 77071
Purpose of payment (See instructions regarding type of information required) Data Entry		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held	

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.				Total pages Schedule F Page 8	
FILER NAME Sue Lovell				ACCOUNT # (Ethics Commission filers)	
Date 3/15/2006	Payee Name Atomar Communications			Amount (\$) \$281.25	
	Payee address 3701 Kirby Drive, #500	City; Houston	State; TX	Zip Code 77098	
Purpose of payment (See instructions regarding type of information required) Website expenses			** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
Date 3/15/2006	Payee Name Monarch Printing Company			Amount (\$) \$340.07	
	Payee address 6605 McGrew St	City; Houston	State; TX	Zip Code 77087	
Purpose of payment (See instructions regarding type of information required) Printing			** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
Date 3/15/2006	Payee Name Grant Martin Consulting			Amount (\$) \$15,000.00	
	Payee address 1708 Broderick Street	City; San Francisco	State; CA	Zip Code 94115	
Purpose of payment (See instructions regarding type of information required) Consulting			** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
Date 3/15/2006	Payee Name Grant Martin Consulting			Amount (\$) \$688.64	
	Payee address 1708 Broderick Street	City; San Francisco	State; CA	Zip Code 94115	
Purpose of payment (See instructions regarding type of information required) Travel Expenses			** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

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FILER NAME

Sue Lovell

ACCOUNT # (Ethics Commission filers)

Date 3/15/2006	Payee Name Grant Martin Consulting	Amount (\$) \$69.54
Payee address 1708 Broderick Street		City; State; Zip Code San Francisco CA 94115
Purpose of payment (See instructions regarding type of information required) Supplies		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 3/15/2006	Payee Name Randall's	Amount (\$) \$84.98
Payee address 2075 Westheimer Rd		City; State; Zip Code Houston TX 77098
Purpose of payment (See instructions regarding type of information required) Event expenses		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 3/15/2006	Payee Name Grant Martin Consulting	Amount (\$) \$99.95
Payee address 1708 Broderick Street		City; State; Zip Code San Francisco CA 94115
Purpose of payment (See instructions regarding type of information required) Email service		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 3/15/2006	Payee Name SBC	Amount (\$) \$169.69
Payee address 555 Main Street, Room 228-CR		City; State; Zip Code Beaumont TX 77701
Purpose of payment (See instructions regarding type of information required) Telephone		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

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Page 10

FILER NAME

Sue Lovell

ACCOUNT # (Ethics Commission filers)

Date 3/15/2006	Payee Name Grant Martin Consulting	Amount (\$) \$1,500.00
Payee address 1708 Broderick Street		City; State; Zip Code San Francisco CA 94115
Purpose of payment (See instructions regarding type of information required) Consulting		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 3/15/2006	Payee Name Grant Martin Consulting	Amount (\$) \$2,656.45
Payee address 1708 Broderick Street		City; State; Zip Code San Francisco CA 94115
Purpose of payment (See instructions regarding type of information required) Automated phone calls		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 3/15/2006	Payee Name Grant Martin Consulting	Amount (\$) \$48.84
Payee address 1708 Broderick Street		City; State; Zip Code San Francisco CA 94115
Purpose of payment (See instructions regarding type of information required) Fax broadcast service		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 3/15/2006	Payee Name FedEx Kinko's	Amount (\$) \$66.60
Payee address 2200 SW Freeway		City; State; Zip Code Houston TX 77098
Purpose of payment (See instructions regarding type of information required) Delivery		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

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FILER NAME

Sue Lovell

ACCOUNT # (Ethics Commission filers)

Date 3/15/2006	Payee Name Monarch Printing Company	Amount (\$) \$1,701.70
	Payee address City; State; Zip Code 6605 McGrew St Houston TX 77087	
Purpose of payment (See instructions regarding type of information required) Printing		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 3/15/2006	Payee Name InfoVine	Amount (\$) \$2,006.06
	Payee address City; State; Zip Code P. O. Box 2706 Houston TX 77252	
Purpose of payment (See instructions regarding type of information required) Postage & Mailhouse		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 3/15/2006	Payee Name Atomar Communications	Amount (\$) \$506.06
	Payee address City; State; Zip Code 3701 Kirby Drive, #500 Houston TX 77098	
Purpose of payment (See instructions regarding type of information required) Website expenses		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 3/15/2006	Payee Name Shanghai River	Amount (\$) \$370.54
	Payee address City; State; Zip Code 2407 Westheimer Rd Houston TX 77019	
Purpose of payment (See instructions regarding type of information required) Event expenses		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

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FILER NAME

Sue Lovell

ACCOUNT # (Ethics Commission filers)

Date 3/15/2006	Payee Name Sixth Street Bar & Grill	Amount (\$) \$428.00
	Payee address City; State; Zip Code 2701 White Oak Houston TX 77007	
Purpose of payment (See instructions regarding type of information required) Event expenses		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 3/15/2006	Payee Name Network Solutions	Amount (\$) \$39.90
	Payee address City; State; Zip Code 10 Azalea Drive Drums PA 18222	
Purpose of payment (See instructions regarding type of information required) Web site expense		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 3/15/2006	Payee Name Sharon Davis Consulting	Amount (\$) \$2,000.00
	Payee address City; State; Zip Code 8335 Bird Meadow Lane Missouri City TX 77489	
Purpose of payment (See instructions regarding type of information required) Consulting		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 3/21/2006	Payee Name Acteva	Amount (\$) \$16.64
	Payee address City; State; Zip Code 60 Spear Street, 9th Floor San Francisco CA 94105	
Purpose of payment (See instructions regarding type of information required) Credit Card Processing		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

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FILER NAME

Sue Lovell

ACCOUNT # (Ethics Commission filers)

Date 3/30/2006	Payee Name Acadian Bakery	Amount (\$) \$173.35
	Payee address City; State; Zip Code 604 West Alabama Houston TX 77006	
Purpose of payment (See instructions regarding type of information required) Meeting refreshments		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 3/31/2006	Payee Name Bank of America	Amount (\$) \$3.00
	Payee address City; State; Zip Code 1905 West Gray Houston TX 77005	
Purpose of payment (See instructions regarding type of information required) Banking Charges		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 4/4/2006	Payee Name Kathryn C. McNiel	Amount (\$) \$2,000.00
	Payee address City; State; Zip Code P. O. Box 131835 Houston TX 77219	
Purpose of payment (See instructions regarding type of information required) Consulting		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 4/4/2006	Payee Name Kathryn C. McNiel	Amount (\$) \$368.16
	Payee address City; State; Zip Code P. O. Box 131835 Houston TX 77219	
Purpose of payment (See instructions regarding type of information required) Event supplies		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

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FILER NAME

Sue Lovell

ACCOUNT # (Ethics Commission filers)

Date 4/6/2006	Payee Name Ying-Tsun Amy Lin	Amount (\$)	
	Payee address City; State; Zip Code 7822 Twin Hills Drive Houston TX 77071	\$100.00	
Purpose of payment (See instructions regarding type of information required) Data Entry		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 4/10/2006	Payee Name SBC	Amount (\$)	
	Payee address City; State; Zip Code 555 Main Street, Room 228-CR Beaumont TX 77701	\$107.14	
Purpose of payment (See instructions regarding type of information required) Telephone		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 4/10/2006	Payee Name Monarch Printing Company	Amount (\$)	
	Payee address City; State; Zip Code 6605 McGrew St Houston TX 77087	\$1,004.90	
Purpose of payment (See instructions regarding type of information required) Printing		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 4/10/2006	Payee Name Network Solutions	Amount (\$)	
	Payee address City; State; Zip Code 10 Azalea Drive Drums PA 18222	\$173.50	
Purpose of payment (See instructions regarding type of information required) Web site expense		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held	

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

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FILER NAME

Sue Lovell

ACCOUNT # (Ethics Commission filers)

Date 4/10/2006	Payee Name Grant Martin Consulting	Amount (\$) \$235.44	
Payee address 1708 Broderick Street		City; San Francisco	State; CA
		Zip Code 94115	
Purpose of payment (See instructions regarding type of information required) Fax broadcast service		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 4/10/2006	Payee Name Grant Martin Consulting	Amount (\$) \$118.24	
Payee address 1708 Broderick Street		City; San Francisco	State; CA
		Zip Code 94115	
Purpose of payment (See instructions regarding type of information required) Email broadcast service		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 4/10/2006	Payee Name InfoVine	Amount (\$) \$2,200.24	
Payee address P. O. Box 2706		City; Houston	State; TX
		Zip Code 77252	
Purpose of payment (See instructions regarding type of information required) Postage & Mailhouse		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 4/28/2006	Payee Name Bank of America	Amount (\$) \$3.00	
Payee address 1905 West Gray		City; Houston	State; TX
		Zip Code 77005	
Purpose of payment (See instructions regarding type of information required) Banking Charges		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held	

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

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FILER NAME

Sue Lovell

ACCOUNT # (Ethics Commission filers)

Date 5/18/2006	Payee Name Friends of Bennie Thompson				Amount (\$) \$200.00
	Payee address P. O. Box 100	City; Bolton	State; MS	Zip Code 39041	
Purpose of payment (See instructions regarding type of information required) Contribution		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held			
Date 5/31/2006	Payee Name Bank of America				Amount (\$) \$3.00
	Payee address 1905 West Gray	City; Houston	State; TX	Zip Code 77005	
Purpose of payment (See instructions regarding type of information required) Banking Charges		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held			

Schedule F Report Total: \$60,678.89

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF
COMMITTEE (in full)(Check if name
is changed)Example: If typing, type
over the lines.

12FE4M5

Greenberg Traurig, LLP PAC

ADDRESS (number and street)

1221 Brickell Avenue

(Check if address
is changed)

Miami

FL

33131

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

ARRIETEE@gtlaw.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

305 - 789 - 5448

2. DATE

11 10 2005

3. FEC IDENTIFICATION NUMBER ►

C00266585

4. IS THIS STATEMENT ☐ NEW (N)

OR

☒ AMENDED (A)*I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.*

Type or Print Name of Treasurer

Mr. Clifford A. Schulman

Signature of Treasurer

Date

11 10 2005

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 02/2003)

FECAND1.PDF

FEC Form 1 (Revised 02/2003)

Page 2

5. TYPE OF COMMITTEE (Check One)

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of
CandidateCandidate
Party AffiliationOffice
Sought☐ House☐ Senate☒ President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate

- (d) ☐ This committee is a ☐ (National, State or subordinate) committee of the ☐ (Democratic, Republican, etc.) Party.
- (e) ☒ This committee is a separate segregated fund.
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Greenberg Traurig, PA.

Mailing Address

1221 Brickell Avenue,

Miami

FL

33131

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Connected

Type of Connected Organization:



Corporation



Corporation w/o Capital Stock



Labor Organization



Membership Organization



Trade Association



Cooperative

FECAN042.PDF

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Assistant Treasurer

Telephone number

305 - 579 - 0500

FECAN042.PDF

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

(See instructions)

Office Use Only

1. NAME OF
COMMITTEE (in full)(Check if name
is changed)Example: If typing, type
over the lines.

12FE4M5

American Federation of State, County and Municipal Employees

ADDRESS (number and street)

1625 L Street, N.W.

(Check if address
is changed)

Washington,

DC

20036

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 04 23 2001

3. FEC IDENTIFICATION NUMBER ►

C 00011114

4. IS THIS STATEMENT

NEW (N)

OR

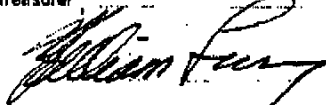
AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

William Lucy

Signature of Treasurer



Date

04 23 2001

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-414-1100**FEC FORM 1**
(Revised 1/01)

FEC Form 1 (Revised 1/01)

Page 2

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of
CandidateCandidate
Party AffiliationOffice
Sought

House

Senate

President

State
District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate

- (d) This committee is a

(National, State
or subordinate) committee of the(Democratic,
Republican, etc.) Party.

- (e) This committee is a separate segregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

FEC Form 1 (Revised 1/01)

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Write or Type Committee Name

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name

of Treasurer

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

Full Name of

Designated

Agent

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number